



☎ 443-887-0457

📷 ANGELS4AUDREY

🌐 ANGELSFORAUDREY.ORG

INTAKE ASSISTANCE INFORMATION

Angel's For Audrey, Inc. (AFA) will provide financial assistance for families of stillborn and children up to 5 years old. Through this program, AFA is able to assist with expenses related to: Funeral/Burial, Cremation, Autopsy, Cemetery Plot, Headstone/Monument, Stationary.

Additionally, Angel's For Audrey will provide funding for bereaved families in need who are seeking the support of a counselor to address grief related to a baby's stillbirth and a child's death.

ELIGIBILITY

- To qualify for consideration, the following must be true:
- You live in the United States
- You have a financial need
- Your baby was stillborn (*i.e. Born at/after 20 weeks' gestation, with no signs of life: heartbeat, respirations, etc.*)
- Your child under 5 years old died (*i.e. with no signs of life: heartbeat, respirations, etc.*)

OUR ROLE

Angel's For Audrey, Inc is staffed entirely by volunteers. We will do our best to process requests in a timely manner. We appreciate your patience as we try to process payments for you.

All requests are received and verified to confirm information, eligibility, and required documents are received.

We cannot reimburse families for any expenses already paid. All disbursements of funds are made directly to the service provider (*i.e. Funeral home, etc.*). Our payment must be the final payment on the account.

REQUESTING AFA'S ASSISTANCE

1. Complete the Intake Assistance Form and attach copies of an itemized invoice/statement of Funeral Goods & Services
2. Send the Intake Assistance Form and all attachments via USPS to: **Angel's For Audrey, 4003 W. Forest Park Avenue, Baltimore, MD 21207** or via email at **angelsforaudrey@outlook.org**

An Angel's For Audrey representative will contact you if any documents are missing (this will delay timely payment). You may also call us directly at **(443) 885-0457**.



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INTAKE ASSISTANCE REQUEST FORM

PART ONE: FAMILY INFORMATION

YOUR NAME		RELATIONSHIP TO BABY	BABY'S NAME	
BABY'S GESTATIONAL AGE <i>(i.e. month of pregnancy when baby was born)</i>			BABY'S DOB/DOD	
ADDRESS:		CITY	STATE:	ZIP
HOME NUMBER	CELL NUMBER		FAX NUMBER	
EMAIL				

PART TWO: REFERRAL SOURCE(S)

REFERRED BY (NAME)		TITLE		
RELATIONSHIP <i>(select one)</i> <input type="radio"/> Colleague <input type="radio"/> Family Member <input type="radio"/> Friend <input type="radio"/> Funeral Home <input type="radio"/> Hospital <input type="radio"/> Staff <input type="radio"/> Internet <input type="radio"/> Other:				
ADDRESS:		CITY	STATE	ZIP
PHONE NUMBER	CELL NUMBER		FAX NUMBER	
SIGNATURE			DATE	

PART THREE: REQUESTED FINANCIAL EXPENSE(S)

Please select which service you are requesting financial assistance and attach copies of invoice(s). If payment is approved, Angel's For Audrey, Inc will send directly to the service provider.

1. AUTOPSY

HOSPITAL/LABORATORY		CONTACT (IF KNOWN)		
ADDRESS		CITY	STATE	ZIP
PHONE NUMBER	FAX NUMBER	EMAIL		
FINANCIAL NEED \$		INVOICE ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO		

2. FUNERAL/BURIAL

FUNERAL HOME		CONTACT (IF KNOWN)		
ADDRESS		CITY	STATE	ZIP
PHONE NUMBER	FAX NUMBER		EMAIL	
FINANCIAL NEED \$		INVOICE ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO		

3. CREMATION

CREMATORIUM		CONTACT (IF KNOWN)		
ADDRESS		CITY	STATE	ZIP
PHONE NUMBER	FAX NUMBER		EMAIL	
FINANCIAL NEED \$		INVOICE ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO		

4. CEMETERY PLOT & FOUNDATION

Cemetery:		CONTACT (IF KNOWN)		
ADDRESS		CITY	STATE	ZIP
PHONE NUMBER	FAX NUMBER		EMAIL	
FINANCIAL NEED \$		INVOICE ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO		

5. HEADSTONE

Company:		CONTACT (IF KNOWN)		
ADDRESS		CITY	STATE	ZIP
PHONE NUMBER	FAX NUMBER		EMAIL	
FINANCIAL NEED \$		INVOICE ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO		

6. STATIONARY *(birth/death announcements, thank you notes)*

PRINTING COMPANY		CONTACT (IF KNOWN)		
ADDRESS		CITY	STATE	ZIP
PHONE NUMBER	FAX NUMBER		EMAIL	
FINANCIAL NEED \$		INVOICE ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO		

PART FOUR: GRIEF THERAPY (INDIVIDUAL OR FAMILY)

PROVIDER NAME		PRACTICE/BUSINESS NAME	(select one) <input type="radio"/> OMD <input type="radio"/> OPhD <input type="radio"/> OCSW <input type="radio"/> OMSW	
ADDRESS		CITY	STATE	ZIP
PHONE NUMBER	FAX NUMBER		EMAIL	
FINANCIAL NEED \$			INVOICE ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PART FIVE: ELIGIBILITY & RELEASE

AFA reserves funding for families with the greatest financial need. What financial resources will you apply?

- I have received/expect to receive the following assistance for the expenses indicated on this form:**
- Donations from: (select all that apply) family friends colleagues church groups etc.
 - Amount(s): \$ _____

- Donations from other organizations (government*, nonprofit, etc.; please list): _____

**You may be eligible for assistance through Social Services or Medicaid. Call them directly or ask your funeral director to help you apply.*

- Amount(s): \$ _____

- I am not receiving/do not expect to receive financial aid from other sources for the expenses indicated on this form.**

I authorize AFA and its representatives to discuss with the providers listed in Part III of this form, my financial obligations as indicated on the attached invoices.

SIGNATURE

DATE



Funding for the Angel's For Audrey, Inc programs is made possible primarily through donations. You can help by:

- Tell friends, family, and colleagues about AFA's mission, and encourage them to donate to AFA in your child's memory.
- Add the AFA contact information to your child's obituary.
- Share via social media how AFA has assisted you (i.e. Email, Instagram, Facebook, X)